



XENOS
CHRISTIAN
SCHOOLS

KNOWLEDGE • CHARACTER • COMMUNITY

Calumet Campus &
Central Administrative Office
Preschool through Eighth Grade
2774 Calumet Street
Columbus OH 43202
(614) 261-8136

North Campus
Preschool through Fifth Grade
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540

Harambee Campus
Kindergarten through Eighth Grade
1000 Bonham Avenue
Columbus, OH 43211
(614) 291-0885

2012-2013 Registration Packet
Harambee Christian School
New Student

www.xenosschools.org



Administrative Office located at the Calumet Campus ~ www.xenosschools.org

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2012 - 2013 STUDENT REGISTRATION HARAMBEE CHRISTIAN SCHOOL

January 1, 2012

Dear Parent or Guardian,

The attached packet includes all the necessary forms to register a new student at Harambee Christian School for the 2012-2013 school year. The forms should be returned in person to Danielle McKnight-Zellner at 1000 Bonham Avenue, between 8:30 a.m. and 4:00 p.m. or by appointment.

Please read the 2012-2013 Registration Priorities carefully. **Priority registration for new Target Area students ends Friday, April 13, 2012.** See the Registration Priority page for a definition of Target Area.

Please review the attached school calendar. The 2012-2013 school year begins on July 25.

New students are accepted on a conditional basis pending a record review and placement testing.

Your prayers and support are invaluable for the continuing development and excellence of HCS. We look forward to a partnership with you and the opportunity to provide an outstanding Christian school experience. If you have questions, please call the Harambee administrative office at 291-0885, extension 150.

Sincerely,

Alex Steinman
Principal

X E N O S C H R I S T I A N S C H O O L S
2 0 1 2 - 2 0 1 3 R E G I S T R A T I O N I N S T R U C T I O N S

H A R A M B E E C H R I S T I A N S C H O O L

IMPORTANT: Please submit all registrations in person to Danielle McKnight-Zellner at 1000 Bonham Avenue, between 8:30 a.m. and 4:00 p.m. or by appointment. Please review your registrations carefully before submission. We will not process incomplete registrations.

Please include the following to register:

- **Registration Forms**
- **Voucher Application** (if applicable)
- **Birth Certificate:** The office must copy an original, certified document.
- **Student Records:**
 - i. **For Kindergarten:** Preschool Records if available. We require a readiness test; we will contact you concerning the time and location.
 - ii. **For students entering grades one through eight:** We require a signed **Records Request Form** (attached) at the time of registration, which authorizes your student's current school to transfer copies of records. A **Placement Test** is necessary for all new students. We will contact you to schedule your child's placement test.
- **Physician's Statement:** We require the **Physician Statement Form** (attached) of current immunizations and general health.
- **Title 1 Form**
- **HCS Free and Reduced Lunch Application**
- **2012-2013 Field Trip Permission Form**

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS AND STAFF

Xenos Christian Schools recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, Xenos Christian Schools will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its education programs and athletics/extracurricular activities. Furthermore, Xenos Christian Schools is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. Xenos Christian Schools will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel.

X E N O S C H R I S T I A N S C H O O L S
2 0 1 2 - 2 0 1 3 R E G I S T R A T I O N P R I O R I T I E S
PLEASE READ CAREFULLY

H A R A M B E E C H R I S T I A N S C H O O L

Please submit registrations for Harambee Christian School (HCS) in person to Danielle McKnight-Zellner at 1000 Bonham Avenue, between 8:30 a.m. and 4:00 p.m., or by appointment. New students must register by appointment only.

Note: The priority system below determines enrollment when applications exceed class size. Because Urban Concern, Inc. (UC) supports HCS, the UC Target Area* is given priority. When class space is less than an individual priority category, we fill seats by lottery. We place the remaining registered students on a waiting list. If a slot opens, we contact the first family, who has three business days to claim the slot before we contact the next family in line.

Registration applications received after the priority deadlines have no priority status. We fill openings on a first come, first serve basis.

HCS REGISTRATION PRIORITIES

	When	Who
#1	By February 10	All currently enrolled Harambee Christian School students.
#2	By February 10	Sibling of currently enrolled Harambee Christian School students.
#3	Enroll before April 13 to apply for EdChoice Scholarship	New Target Area* students.
#4	Enroll before April 13 to apply for EdChoice Scholarship	New Non-Target Area* students.

* The UC Target Area is the area in Columbus, Ohio within the following boundaries:

- North of 5th Avenue.
- South of Hudson Street.
- East of Interstate 71.
- West of Joyce Avenue.

XENOS CHRISTIAN SCHOOLS 2012 - 2013 FEE SCHEDULE

HARAMBEE CHRISTIAN SCHOOL

TUITION SCHEDULE

HCS tuition is \$5964 for families not qualifying for financial aid. Due to small class sizes, we do not offer a multi-child discount.

Families attending Xenos Christian Fellowship that participate in the XCF Fiscal Support Team with students attending HCS for ministry related reasons pay the same tuition and registration as both the Calumet and North Campuses of Xenos Christian Schools. They may also apply for financial aid through Xenos Schools' financial aid program.

MONTHLY TUITION PAYMENTS, PENALTIES AND POLICIES

Tuition payments are due on the first day of the month. The school assesses a \$20 late fee if an account has unpaid tuition on the fifteenth of the month and a \$25 fee if a payment is returned for non-sufficient funds. If two consecutive tuition payments remain due on the first day of the month, we can remove the student from the classroom until the prior month's tuition is paid and, additionally, withhold student assessments.

FINANCIAL AID PROGRAM

Financial aid is available through the National Christian Foundation.

To apply:

1. Submit a completed NCF Scholarship Application.
2. Submit a completed PSAS Student Aid Form 2012-2013 packet along with the proper documentation, including your complete 2011 Federal Income Tax Return.
3. Submit a check or money order for \$24.00 to Private School Aid Service (PSAS)

Families that qualify for and accept a full tuition scholarship are required to fulfill a volunteer commitment of two hours per month. Tuition charges apply when the monthly volunteer commitment is not fulfilled.

OHIO EDCHOICE SCHOLARSHIP PROGRAM

We accept students enrolling under this program. The State of Ohio's application period for the EdChoice Program is February 1 through April 13. You may apply for a State scholarship if your student is registering for the first time at Harambee and currently attends, or would attend in the case of Kindergarten, a school rated by the State on Academic Watch or Academic Emergency for two of the past three years. See the list of eligible schools at the Harambee office. Please check the Ohio Department of Education website for information:

<http://edchoice.ohio.gov>.

LATE PICK-UP PENALTY

Parents must pick up students no later than 15 minutes from the close of school. If a student remains on the premises after this period, we assess a late pick-up fee as follows: \$1 per student for each minute.

HARAMBEE CHRISTIAN SCHOOLS 2012-2013 STUDENT REGISTRATION PARENT/GUARDIAN DATA SHEET

PLEASE PRINT

MOTHER'S INFORMATION

First Name: _____ **Last Name:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Priority #1 Home Mom Cell Mom Work #

Please use the above number for: Voice Mail Announcements Text Message Announcements

Phone Priority #2 Home Mom Cell Mom Work #

Please use the above number for: Voice Mail Announcements Text Message Announcements

Phone Priority #3 Home Mom Cell Mom Work #

Please use the above number for: Voice Mail Announcements Text Message Announcements

Church Affiliation: _____

FATHER'S INFORMATION

First Name: _____ **Last Name:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Priority #1 Home Dad Cell Dad Work #

Please use the above number for: Voice Mail Announcements Text Message Announcements

Phone Priority #2 Home Dad Cell Dad Work #

Please use the above number for: Voice Mail Announcements Text Message Announcements

Phone Priority #3 Home Dad Cell Dad Work #

Please use the above number for: Voice Mail Announcements Text Message Announcements

Church Affiliation: _____

Marital Status (check all that apply): Married Separated Divorced Remarried Widowed Single Parent

Please note: If you have a shared custody agreement for the student, please provide a copy of your court documentation for our records.

I/We agree to Electronic Funds Transfer (EFT) for Tuition Payments: Yes No

STUDENT PICK-UP AND EMERGENCY CONTACTS [OTHER THAN ABOVE INFO] THESE CONTACTS SHOULD REMAIN THE SAME FOR EVERY CHILD IN THE FAMILY

Name	Phone	Relationship to Student
1.		
2.		
3.		

HARAMBEE CHRISTIAN SCHOOLS 2012-2013 STUDENT REGISTRATION STUDENT DATA SHEET

PLEASE PRINT

NEW Student RETURNING but Not Attending 11-12

STUDENT INFORMATION

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Name in class: _____ **Date of Birth:** _____ **Gender:** Female Male

*** School District:** _____ *** Local School:** _____

* Please list the district name and the name of the elementary or middle school your child would otherwise attend.

Ethnic Origin: Alaskan Native/American Indian Asian Bi-racial (any two ethnic groups)
 Black/African American Hispanic White/Caucasian

GRADE STUDENT ENTERING

Are you applying for the Ohio EdChoice Scholarship (State Voucher Program)? Yes No

Grade Entering: K 1st 2nd 3rd 4th 5th 6th 7th 8th

HCS REGISTRATION PRIORITIES

<input type="checkbox"/> #1	All currently enrolled Harambee Christian School students.
<input type="checkbox"/> #2	Sibling of currently enrolled Harambee Christian School students.
<input type="checkbox"/> #3	New Target Area* students.
<input type="checkbox"/> #4	New Non-Target Area* students.

*The Urban Concern Target Area is the area in Columbus, Ohio within the following boundaries:

North of Fifth Avenue.	South of Hudson Street.	East of Interstate 71.	West of Joyce Avenue.
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OFFICE USE ONLY ~ Date: / / Time: Reg Pd \$: Check#: Initials:

HARAMBEE CHRISTIAN SCHOOLS 2012-2013 STUDENT REGISTRATION STUDENT HEALTH INFORMATION

PLEASE PRINT

Student Name: _____

GENERAL INFORMATION

Allergies/Disabilities/Chronic Health Problems: No Yes, please explain below:

Activity Restrictions: _____

Regular Medication: _____

PHYSICIANS INFORMATION

Name of **Physician**: _____ **Phone**: _____

Address: _____ City: _____ Zip: _____

Name of **Dentist**: _____ **Phone**: _____

Address: _____ City: _____ Zip: _____

The above physician information is required by the Ohio Department of Education.

Name of **Optometrist**: _____ **Phone**: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____

**HARAMBEE CHRISTIAN SCHOOLS 2012-2013 STUDENT REGISTRATION
EMERGENCY MEDICAL AUTHORIZATION**

Purpose – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Name: _____

PART 1 OR 2 MUST BE COMPLETED AND SIGNED

Part 1 – To Grant Consent – I hereby give consent for the following medical care:

1. **Administration of any treatment** deemed necessary by the physician, dentist, or optometrist designated on the Student Health Information form. In the event the designated practitioner is not available, then administration of any treatment deemed necessary by any other licensed physician, dentist, or optometrist; or
2. **The transfer of my child** to CHILDREN’S HOSPITAL or any hospital reasonably close. This authorization does not cover major surgery unless the medical opinions of two concurring licensed physicians, dentists, or optometrists are obtained before surgery is performed.

Parent/Guardian Signature: _____ **Date:** _____

Part 2 – Refusal to Consent – I do NOT give my consent for emergency medical treatment of my child. In the event of a serious illness or injury requiring medical treatment, **I instruct the school authorities to not take action and to:**

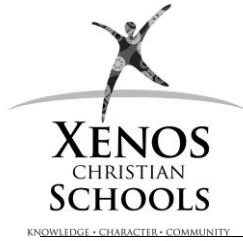
Parent/Guardian Signature: _____ **Date:** _____

X E N O S C H R I S T I A N S C H O O L S
2 0 1 2 - 2 0 1 3 P A R E N T A L C O M M I T M E N T

HARAMBEE CHRISTIAN SCHOOL

1. I/We agree to the Harambee Christian School financial obligations as specified in the 2012-2013 Fee Schedule. If two consecutive tuition payments are unpaid at the first of a month, I/we understand my/our student(s) cannot attend school until the prior month's tuition is paid. I/We further understand HCS will withhold student assessments, records and parent/teacher conferences for any amount due.
2. I/We agree to pay for malicious damage caused by my/our student(s) to Urban Concern, Inc (UC), owner of the Harambee facility.
3. I/We agree to release the XCS and UC Boards, all XCS and UC employees or representatives, and the Xenos Christian Fellowship (XCF), its board of Elders and employees, from all liability in connection with school activities and school-sponsored trips, and to hold them harmless for injury or damage caused by my/our student(s).
4. I/We have read the XCF Statement of Faith and Harambee Parent Handbook, and agree to have my/our student(s) trained in accordance with them.
5. I/We agree to bring our child(ren) to school on time each day. I/We understand that the school administration has the right to withdraw a student from enrollment that is excessively tardy or absent.
6. I/We agree to be supportive of the school discipline policies and procedures. I/We will resolve any disagreement with the teachers or principal in a peaceful manner.

Parent/Guardian Name ⤴	
Parent/Guardian Signature ⤴	Date ⤴
Parent/Guardian Signature ⤴	Date ⤴



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Physicians Statement 2012-2013

I hereby verify that _____, whose date of birth is _____, is free from any communicable disease. I have found that the above child is in suitable condition to attend a preschool or kindergarten program based on their medical history and physical condition at the time of my examination. I further verify the above child has had the immunizations required by the statute for admission to school under Section 3313.671 of the Ohio Revised Code. These include the following:

I m m u n i z a t i o n s	M o n t h / D a y / Y e a r				
DPT Series					
Polio Series					
MMR (Measles, Mumps, Rubella)					
Varicella #1 (Chicken Pox vaccine)					
Hepatitis B					
HIB Vaccine					

Physicians Name:			
Street:			
City/State/Zip:			
Phone:		Date of Exam:	
Signature:			

¹ For preschool students: form is required each year of attendance (DPT - 4, Polio - 3, MMR - 1, HIB - 3 or 4); for kindergarten students: form is required if not previously submitted previously for preschool (DPT - 5, Polio - 4, MMR - 2, HIB - 3 or 4, HEP B -3); for grades 1 through 8: form is required if not previously submitted for preschool or kindergarten - must submit a complete immunization record from your family physician but an office visit is not required.



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STUDENT RECORD REQUEST

Student:

Date of Birth:

Conditional Enrollment Date:

Current School:

Phone:

Address:

City:

State:

Zip:

The above student is not officially enrolled in Xenos Christian Schools until a review of their academic, psychological and health records are complete and, in certain situations, a placement test is administered.

Please mail the following information to our Administrative Office:

- ◆ Cumulative Records – grades, standardized test scores, and attendance records
- ◆ Health Data – including immunization records
- ◆ Psychological Reports
- ◆ Special Needs Information

Please send records to:

Harambee Christian School
Attention: Danielle McKnight-Zellner
1000 Bonham Ave.
Columbus, Ohio 43211

Parent/Guardian authorization to release:

I hereby authorize the above named school to release to Xenos Christian Schools the requested information, which is for academic assessment and will be used in a confidential manner.

Parent/Guardian Signature	Relationship to Student	Date



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Dear Parent/Guardian,

I have been informed that federal funds will be made available to our school next year through Title I Public Law 103-302. However, in order for us to receive these funds, we must follow certain instructions and gather specific information about our students. Federal guideline state that Title I funds are generated **only for those students** whose parents or legal guardians meet both of the following requirements:

- A. Family gross income is below the specified amount shown in the following table (2011 rates);

<u>Household Size</u>	<u>Monthly</u>	<u>Annually</u>	<u>Weekly</u>
1	\$1,679	\$20,147	\$ 388
2	\$2,268	\$27,214	\$ 524
3	\$2,857	\$34,281	\$ 660
4	\$3,446	\$41,348	\$ 796
5	\$4,035	\$48,415	\$ 932
6	\$4,624	\$55,482	\$1,067
7	\$5,213	\$62,549	\$1,203
8	\$5,802	\$69,616	\$1,339
For each Additional Household Member Add:			
	\$ 589	\$ 7,067	\$ 136

- B. Live in the Columbus City School District

If you plan to continue your child's education at a nonpublic school during the next school year, and if your child(ren) meets **both** requirements A & B, please complete the attached form. Be sure to complete the information for **each child** who meets the requirements above, and **return it to our school office by February 24, 2012.**

Thank you for your cooperation.

T I T L E I F U N D I N G
I N F O R M A T I O N

Student names will **NOT** be shared with the public schools. We need to report only the addresses and grade levels of the children who live in the CCS attendance area and who meet the income guidelines stated.

RETURN TO

BY FEBRUARY 24, 2012

<u>Name of Child</u>	<u>Grade level</u>	<u>2011-2012</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Our family has a gross income less than the amount shown on the chart for our household size and we will continue to support our option to private school education.

Name of Parent/Guardian _____

Signature of Parent//Guardian _____

Street Address & ZIP Code _____



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Harambee Christian School Field Trip Form

Dear Parent(s),

There will be occasions during the 2012-2013 school year when your child's class will be taking educational and/or recreational field trips away from the school. These trips are usually taken during the school day, either by bus or by parent volunteers, with students arriving back at school in time to be dismissed. We must have your permission in order for your child to accompany the class on these trips.

Parents complete **one form** at the beginning of the school year, which will be kept on file in the school office, allowing your student to attend all field trips for that school year. Parents will still be notified of each upcoming field trip; the only difference is that you will not be required to send a permission slip back for each individual trip.

We are using this form, which gives your permission for your student to attend any Harambee Christian School field trips, for the 2012-2013 school year.

Normally, you will be informed of each trip by written note from your child's teacher. It is the responsibility of your child to make sure that this information is delivered to you.

Please return this form, properly filled out and signed, to your child's teacher as soon as possible. Your child will not be able to go on any trips unless this form is on file in the school office.

Thank you,

Alex Steinman
Harambee Principal

I give permission for my child, _____, Grade _____ to participate in all field trips sponsored by Harambee Christian School during this 2012-2013 school year. I understand that I will be informed about each trip before it is taken, and that it is my child's responsibility to deliver that information to me when requested to do so by the teacher.

Date

Parent or Guardian Signature